


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.5em;">7</div>														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Jarrod</td> <td style="text-align: center;">M.</td> </tr> <tr> <td style="font-size: 0.7em;">NICKNAME</td> <td style="font-size: 0.7em;">LAST</td> <td style="font-size: 0.7em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Hamlin</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Jarrod	M.	NICKNAME	LAST	SUFFIX		Hamlin		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="text-align: center;">  </div>		
	MS / MRS / MR	FIRST	MI														
Mr.	Jarrod	M.															
NICKNAME	LAST	SUFFIX															
	Hamlin																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td>PO Box 1500;</td> <td></td> <td>Bryan;</td> <td>TX;</td> <td>77806</td> </tr> </table> <div style="font-size: 0.8em;"> <input type="checkbox"/> Change of Address </div>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 1500;		Bryan;	TX;	77806						
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(979)</td> <td>229-1956</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(979)	229-1956		<div style="font-size: 0.8em;">Date Received</div> <div style="font-size: 0.8em;">Date Hand-delivered</div> <div style="font-size: 0.8em;">Date Postmarked</div>								
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(979)	229-1956																
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Nolan</td> <td style="text-align: center;">M.</td> </tr> <tr> <td style="font-size: 0.7em;">NICKNAME</td> <td style="font-size: 0.7em;">LAST</td> <td style="font-size: 0.7em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Marc</td> <td style="text-align: center;">Hamlin</td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Nolan	M.	NICKNAME	LAST	SUFFIX		Marc	Hamlin	<div style="font-size: 0.8em;">Receipt #</div> <div style="font-size: 0.8em;">Amount \$</div>		
			MS / MRS / MR	FIRST	MI												
			Mr.	Nolan	M.												
NICKNAME	LAST	SUFFIX															
	Marc	Hamlin															
<div style="font-size: 0.8em;">Date Processed</div>																	
<div style="font-size: 0.8em;">Date Imaged</div>																	
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:30%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5">6195 Hardy Weedon Rd; College Station; TX; 77845</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6195 Hardy Weedon Rd; College Station; TX; 77845								
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td>10</td> <td>25</td> <td>2015</td> <td style="text-align: center;">THROUGH</td> <td>12</td> <td>31</td> <td>2015</td> </tr> </table>			Month	Day	Year		Month	Day	Year	10	25	2015	THROUGH	12	31	2015
Month	Day	Year		Month	Day	Year											
10	25	2015	THROUGH	12	31	2015											
11 ELECTION	<div style="font-size: 0.8em;">ELECTION DATE</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.7em;">Month</td> <td style="width:20%; font-size: 0.7em;">Day</td> <td style="width:20%; font-size: 0.7em;">Year</td> </tr> <tr> <td>11</td> <td>03</td> <td>2015</td> </tr> </table>		Month	Day	Year	11	03	2015	<div style="font-size: 0.8em;">ELECTION TYPE</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Primary</td> <td style="width:50%;"><input type="checkbox"/> Runoff</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																
<div style="font-size: 0.8em;">Other Description</div>																	
12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: 0.8em;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)												
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Jarrold M. Hamlin

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 349.14

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$1,797.87

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

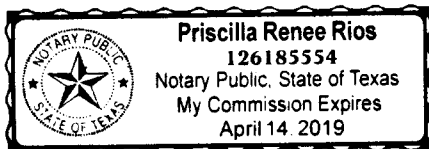
\$954.39

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JARROLD M. HAMLIN, this the 12th day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

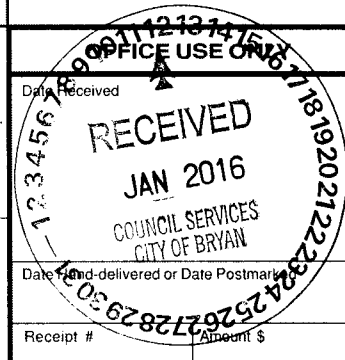
Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

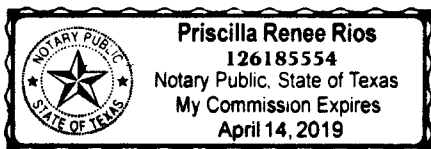
The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. NICKNAME	FIRST Jarrod LAST
		MI M. SUFFIX
	Hamlin	
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: PO Box 1500;	APT / SUITE #: CITY: STATE: ZIP CODE: Bryan, TX; 77806
<input type="checkbox"/> change of address		
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition	Date Received
5 PERIOD COVERED	Month Day Year 01 / 01 / 2016 THROUGH Month Day Year 01 / 12 / 2016	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$



7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JARROD M. HAMLIN, this the 12th day of JANUARY, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Priscilla Rios

Printed name of officer administering oath

Council Svcs. Asst.

Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES****FORM C/OH-UC
PG 2**

8 C/OH NAME Jarrod M. Hamlin		9 Filer ID (Ethics Commission Filers)
10 Date 1-12-2016	11 Payee name Mr. Lloyd Joyce 12 Payee address; City; State; Zip Code 3924 Park Meadow LN; Bryan; TX; 77802	13 Amount (\$) 500.00
14 Purpose of expenditure (See instructions regarding type of information required.) unexpended contributions returned to political contributor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date 1-12-2016	Payee name Mrs. Mary Joyce Payee address; City; State; Zip Code 3924 Park Meadow LN; Bryan; TX; 77802	Amount (\$) 254.39
Purpose of expenditure (See instructions regarding type of information required.) unexpended contributions returned to political contributor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date 1-12-2016	Payee name Mr. Conrad Machan Payee address; City; State; Zip Code 5829 Chick LN; Bryan; TX; 77807	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) unexpended contributions returned to political contributor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date 1-12-2016	Payee name Mrs. Charlotte Machan Payee address; City; State; Zip Code 5829 Chick LN; Bryan; TX; 77807	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) unexpended contributions returned to political contributor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Jarrod M. Hamlin	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 349.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1797.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.14

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1****2** FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)**4** Date

10-27-15

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Mr. Richard & Mrs. Doris Ruffino

6 Contributor address;

City;

State;

Zip Code

2208 E. Briargate DR; Bryan; TX; 77802

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10-29-15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mr. James West

Contributor address;

City;

State;

Zip Code

4567 Carrabba RD; Bryan; TX; 77808

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-31-15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mr. John & Mrs. Virginia Lenihan

Contributor address;

City;

State;

Zip Code

405 Crescent DR; Bryan; TX; 77801

Amount of contribution (\$)

49.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 2 FILER NAME Jarrod M. Hamlin 3 Filer ID (Ethics Commission Filers)

4 Date 10-26-15 5 Payee name Admail

6 Amount (\$) 872.50 7 Payee address; City; State; Zip Code 427 Dellwood ST; Bryan; TX; 77801

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising / Printing Expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense print and mail postcards

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11-02-15 Payee name Admail

Amount (\$) 340.93 Payee address; City; State; Zip Code 427 Dellwood ST; Bryan; TX; 77801

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising / Printing Expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense print and mail postcards

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11-13-15 Payee name Jarrod Hamlin

Amount (\$) 584.44 Payee address; City; State; Zip Code PO Box 1500; Bryan; TX; 77806

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense \$500 loan repayment \$84.44 expense reimbursement (Copy Corner)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1****2** FILER NAME

Jarrod M. Hamlin

3 Filer ID (Ethics Commission Filers)**4** Date

10-31-15

5 Name of person from whom amount is received

Greater Texas Federal Credit Union / Aggieland Credit Union

8 Amount (\$)

0.11

6 Address of person from whom amount is received; City; State; Zip Code

2127 E Wm J Bryan Pkwy; Bryan; TX; 77802

7 Purpose for which amount is received☐ Check if political contribution returned to filer

dividend from campaign funds in account

Date

11-30-15

Name of person from whom amount is received

Greater Texas Federal Credit Union / Aggieland Credit Union

Amount (\$)

0.03

Address of person from whom amount is received; City; State; Zip Code

2127 E Wm J Bryan Pkwy; Bryan; TX; 77802

Purpose for which amount is received

☐ Check if political contribution returned to filer

dividend from campaign funds in account

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME Jarrod M. Hamlin	2 Filer ID (Ethics Commission Filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder